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Total Number of Pages in This Submission	2	Attorney Docket Number	014395-0011
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stradling Yocca Carlson & Rauth		
Signature			
Printed name	Monique M. Heyninck		
Date	7/18/06	Reg. No.	44,763

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Ann Wilson
Date	7/31/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/909,715
Filing Date	7/20/2001
First Named Inventor	Brian Cox
Art Unit	3731
Examiner Name	Erezo, Darwin P
Attorney Docket Number	014395-0011

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: the client transferred the case to Mr. Brian Cox in their offices on January 14, 2005.

### CORRESPONDENCE ADDRESS

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:  

**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Brian Cox MicroVention, Inc.				
Address	75 Columbia, Suite A				
City	Aliso Viejo	State	CA	Zip	92656
Country	USA				
Telephone	949-461-3314			Email	
Signature	<i>Monique Heynink</i>				
Name	Monique Heynink	Registration No.	44,763		
Date	7/28/06	Telephone No.	949-725-4191		

**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

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